Application No. Applicant(s) 10/620,270 ROGERS, GARY Interview Summary Examiner Art Unit MANSOUR M. SAID 2629 All participants (applicant, applicant's representative, PTO personnel): (1) Mansour M. Said (PTO). (3)_____. (2) Thomas M. Galgano (Applicant's representative) . (4) . Date of Interview: 3/29/06. Type: a) ☐ Telephonic b) ☐ Video Conference c) Personal [copy given to: 1] applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) ☐ Yes e) No. If Yes, brief description: _____. Claim(s) discussed: Claims 1-40. Identification of prior art discussed: Lilefiled (6,545,667 B1) and Yang (6,297,808 B1). Agreement with respect to the claims f was reached. g was not reached. h N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Applicant's representative agreed to the Examiner's Amendment. In addition, he authorized that any necessary fees can be charged to the deposit, for the new claims (24-40). (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713,04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS

INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

RICARDO OSORIO PRIMARY EXAMINER

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required